

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/069097**

FILING DATE

APPLICANT(S)

**CLAIMS**

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/										
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48	/	/									
49	/	/									
50	/	/									
TOTAL IND.	12	5									
TOTAL DEP.	34	30									
TOTAL CLAIMS	46	35									

  

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IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51							
52			/				
53			/				
54		/	/				
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100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

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